AccuReview

An Independent Review Organization
569 TM West Parkway
West, TX 76691
Phone (254) 640-1738
Fax (888) 492-8305

Notice of Independent Review Decision

[Date notice sent to all parties]: July 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Physical Therapy 3 x a week x 4-6 weeks 97110 97140

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is Board Certified Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
11-12-11: Peer Review at Systems by MD
01-11-12: Nerve Conduction Studies dictated by MD
01-30-12: Office visit note dictated by MD
02-20-12: Follow up visit note dictated by MD
03-29-12: Office visit note dictated by MD
05-10-12: Office visit note dictated by MD
05-10-12: Prescription for PT by MD
05-21-12: UR Worksheet
05-24-12: UR performed by MD
05-29-12: Office visit note dictated by MD
05-30-12: Pre Summary & Treatment Recommendations dictated by DC
05-30-12: Prescription for PT by MD
06-04-12: UR Worksheet
06-11-12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female whom was involved in a low speed motor vehicle accident on xx/xx/xx where she was rear-ended. Per the claimant, she was sitting in traffic and another vehicle behind her rear-ended her vehicle, resulting in onset of neck and low back pain. Ms. was later evaluated and treated at Medical Clinic where the evaluating physician stated the truck that hit Ms. was going less than 20 mph.

11-12-11: Peer Review dictated by MD. Dr. noted that the claimant's current complaints and symptoms included only cervical and right shoulder sprain/strain which, in the usual circumstances should have resolved within 6-8 weeks after the injury incurred in the MVA of xx/xx/xx. The claimant is only complaining of neck pain without any true radicular symptoms and without, on multiple occasions, any evidence of neurologic deficit. "I would question the one physician evaluation which did show some evidence of neurologic deficit since this had not been found previously in almost two years of evaluations by other physicians." Dr. noted that the belief the claimant suffered a significant rotator cuff tear as a result of the accident on xx/xx/xx and necessity for distal claviculectomy based on the injuries suffered in the accident were adequate and were probably a result of degenerative changes in the shoulder which would not be a result of the MVA on xx/xx/xx. According to the ODG guidelines, no treatment is recommended at the present time for the claimant's documented injuries due to the MVA on xx/xx/xx, in which she received more than enough appropriate treatment for both the cervical and shoulder strains from that accident. If needed this claimant suffered any significant injury to her shoulder which required surgery by Dr., it would seem to me this would have been necessitated by the second MVA and not the first MVA which is a compensable event. The medical records supplied for this determination were adequate except for the absence of records from Dr. in which he examined the claimant and made the determination that right shoulder surgery was necessary. Dr. noted that there is no evidence that indicated at all for cervical surgery, due to no true radicular symptoms by the claimant of findings on examination.

01-11-12: Never Conduction Studies dictated by MD. Dr. noted that the claimant presents with midline cervical region pain, bilateral posterior shoulder region pain, decreased bilateral anterolateral upper extremity sensation proximal to the elbows, and subjective bilateral upper extremity musculature weakness of unknown etiology. Impression: 1. No electrophysiological evidence of cervical Radiculopathy, brachial plexopathy, or distal mononeuropathy was recorded in these diagnostic studies of the upper extremities.

01-30-12: Office visit note dictated by MD. Dr. noted that the claimant presented with C3-4 left paracentral disc protrusion of 4 mm causing spinal stenosis with disc at C4-5 and C5-6, indenting the spinal cord. Claimant has never had neck surgery, EMG on 1/11/12 was unremarkable, and the epidural steroid injections without benefit. Claimant stated she had headaches that persisted every day, along with the neck pain that radiates down the right side, with numbness and weakness. Coughing and sneezing aggravates it. Walking, sitting and standing

aggravate it. She has no electrical shock in the spine. She has muscle spasms. Physical Examination: Claimant lacks 30 degrees in all spheres of range of motion, with muscle spasms. Thumb abductors are 4+/5, indicating C5-6 disc. Sensory exam is decreased in the C5-6 distribution. Reflexes are 1+ in the upper extremities, 2+ in the lower extremities. She has decreased range of motion in her right shoulder at about 120 degrees on flexion. Impression: 1. Right rotator cuff. 2. Cervical disc, mostly C3-C6, worse at C5-C6. Recommendations: 1. Elavil 25mg at bedtime to help suppress the headaches. 2. Zipsor 25mg qid for pain and inflammation. 3. Fiorcet 1mg every 4 hours prn headache. 4. Robaxin 750mg, 1-2 qid. 5. She is seeing Pain Management. 6. She is to see Dr. Saadi again. 7. She is still not able to return to work.

02-20-12: Follow up visit note dictated by MD. Dr. noted overall better with PT. Neck and shoulder are improved. Assessment: Cervical disc degeneration C3-C4, cervical disc degeneration C4-C5, cervical spondylosis, cervicalgia – better. Therapy: Recommended consultation with a physical therapist for 4 more weeks. Plan: Out Pt scheduling: Approval for C spine – 4 weeks, recommended follow-up for re-examination prn.

03-29-12: Office visit dictated by MD. Dr. noted she had therapy which has helped. Claimant's headaches are still present every day, that are more frontal region, radiating to the neck, along with the neck pain that radiates down the right side, with numbness and weakness. Coughing and sneezing aggravates it. Walking, sitting and standing aggravate it. She has no electrical shock in the spine. She has muscle spasms. She has some trouble walking. Physical Examination: Neck range of motion: Flexion -20 degrees, Extension -20 degrees, R/L Lateral Flexion -20 degrees, R/L Lateral Gaze -20 degrees. She has muscle spasms in her neck. Motor strength shows thumb abductors are 4+/5, indicating C5-6 disc. Sensory exam is decreased in the C5-6 distribution. Reflexes are 1+ in the upper extremities, 2+ in the lower extremities. She has decreased range of motion in her right shoulder. Impression: 1. Cervical disc, mostly C3-C4, C4-C5, C5-C6, worse at C5-C6. 2. Right rotator cuff. Recommendations: 1. Increase Elavil to 50mg at bedtime to help suppress the headaches. 2. Zipsor 25 qid for pain and inflammation. 3. Fiorcet 1 every 4 hours prn headache. 4. Robaxin 750, 1-2 qid. 5. She is undergoing therapy. It has been beneficial. 6. I still want Dr. to see her after she finishes therapy to see if she may need to still have surgical intervention. 7. She is still not able to return to work.

05-10-12: Office visit note dictated by, MD. Claimant stated she had headaches that persisted every day, along with the neck pain that radiates down the right side, with numbness and weakness. Coughing and sneezing aggravates it. Walking, sitting and standing aggravate it. She has no electrical shock in the spine. She has muscle spasms. Physical Examination: Neck range of motion: Flexion -20 degrees, Extension -20 degrees, R/L Lateral Flexion -20 degrees, R/L Lateral Gaze -20 degrees. Claimant has muscle spasms in the neck. Motor strength shows decreased thumb abductors are 4+/5, indicating C5-6 disc. Sensory exam is decreased in the C5-6 distribution. Reflexes are 1+ in the upper

extremities, 2+ in the lower extremities. She has decreased range of motion in her right shoulder at about 100 degrees on flexion. Impression: 1. Right rotator cuff. 2. Cervical disc, mostly C3-C6, worse at C5-C6. Recommendations: 1. Elavil 50mg at bedtime to help suppress the headaches. 2. Zipsor 25 qid for pain and inflammation. 3. Robaxin 750 1-2 qid for muscle spasms. 4. She has undergone therapy. I suggest therapy again. 5. She is to see Dr. again for follow-up. 6. She is still not able to return to work. Prescription written for PT C Spine C5-C6 3 x wk, 4-6 wks.

05-24-12: UR performed by MD. Reason for denial: After review of the submitted documentation and relevant guidelines, the current request is deemed not medically necessary. The reasoning and timing behind the patient's recent surgical procedure and recent PT remains unclear. Per peer review, the patient did not need further intervention. More recently, the patient may have undergone a spinal surgery, which was not specified. As of February this year, Dr. (neurosurgery) had recommended PT only. The patient has attended PT x 6 in January 2012 and PT x 6 in March 2012. Without more specific information, further PT does not appear warranted. Recommend adverse determination.

05-29-12: Follow up visit note dictated by MD. Reason for visit: Follow up again only had approval for 2 wks of therapy, but claimant thinks she is getting better. Physical Findings: Musculoskeletal System: Cervical Spine: General/bilateral: C4 spinous process was tender on palpations, C5 spinous process was tender on palpation, Left paracervical muscles were tender on palpation, Cervical spine motion was abnormal. Neurological: Sensation: No sensory exam abnormalities were noted. Tests: MRI Spinal: Reviewed on MRI of the cervical spine C3/4, 4/5 DDD w mild CCS, Small congen canal. Assessment: Cervical disc degeneration C3-C4, cervical disc degeneration C4-C5, cervical spondylosis, cervicalgia. Therapy: Recommended consultation with a physical therapist for 4 more weeks, if this is denied then surgery is our only remaining option. Plan: Recommended follow-up for re-examination prn.

05-30-12: PPE Summary & Treatment Recommendations dictated by DC. Physical Examination: Claimant presented with a pain scale of 8/10 on a VAS scale pre-testing. Deep tendon reflex was -1 in the Right C6 all others were +2 with no clonus. There was moderate-severe pain on global end range of motion in the lower back. Summary of findings: The range of motion testing, examination findings and strength testing were consistent with the patient's history of injury. Coefficient variables were within normal limits. Psychosocial testing reveals a marginally mild-moderate tendency on the patient's part to equate pain with impairment. The remainder of the psychosocial test revealed minimal findings. Waddell's signs were within acceptable limits. Treatment Recommendations: Rehabilitation Goals: 1. To increase weight bearing and range of motion of the bilateral upper extremity regions to closer to normal range of motion. 2. To decrease pain level by 2 points on the VAS to perform functionally desired tasks. 3. To increase overall muscle strength in her bilateral upper extremities. 4. To become independent with a home exercise program to

maintain gains made in physical rehabilitation and manage pain more efficiently at home. Plan: 1. Rehabilitation: 12 visits over eight weeks to include the following on each visit: 1. Therapeutic exercises 97110 x3, 2. Massage 97140 x1. 2. Follow up with a PPA to qualify gains made in therapy.

06-11-12: UR performed by MD. Reason for denial: Based on the clinical information provided, the request for physical therapy 3 x week x 4-6 weeks is not recommended as medically necessary. The patient has completed 12 sessions of physical therapy to date for diagnosis of cervical sprain. Current evidence based guidelines support up to 10 visits for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient's compliance with an active home exercise program is not documented. There are no specific, time-limited treatment goals provided. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The request was not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: Denial of additional PT 3 x a week x 4-6 wks is upheld/agreed upon. The request well exceeds ODG Neck Chapter recommended number of visits and time frame (10 PT over 8wks). Submitted information notes PT after original injury in xxxx and 12 visits more recently in the spring of 2012. Clinically this chronic case is way beyond basic PT and the claimant has been instructed in a HEP. Therefore, the request for Physical Therapy 3 x a week x 4-6 weeks 97110 97140 is denied.

Per ODG:

Physical therapy (PT)	*ODG Physical Therapy Guidelines –* Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial". **Cervicalgia (neck pain); Cervical spondylosis** (ICD9 723.1; 721.0): 9 visits over 8 weeks **Sprains and strains of neck** (ICD9 847.0): 10 visits over 8 weeks **Displacement of cervical intervertebral disc** (ICD9 722.0): Medical treatment: 10 visits over 8 weeks Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discetomy/laminectomy): 16 visits over 8 weeks Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks **Degeneration of cervical intervertebral disc** (ICD9 722.4): 10-12 visits over 8 weeks See 722.0 for post-surgical visits **Brachia neuritis or radiculitis NOS** (ICD9 723.4): 12 visits over 10 weeks See 722.0 for post-surgical visits **Post Laminectomy Syndrome** (ICD9 722.8): 10 visits over 6 weeks

	Fracture of vertebral column without spinal cord injury (ICD9 805): Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 34 visits over 16 weeks **Fracture of vertebral column with spinal cord injury** (ICD9 806): Medical treatment: 8 visits over 10 weeks Post-surgical treatment: 48 visits over 18 weeks **Work conditioning** (See also Procedure Summary entry): 10 visits over 8 weeks

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**